

**NH DEPARTMENT OF AGRICULTURE, MARKETS & FOOD****Division of Pesticide Control**

P.O. Box 2042, Concord, NH 03302-2042

(603) 271-3550

FEE: \$20**NON-REFUNDABLE****PRIVATE APPLICATOR PERMIT APPLICATION**1. REGISTRATION TYPE
(please check two)☐ Restricted Use☐ Initial☐ General Use

2. APPLICANT'S NAME _____

HOME PHONE _____ WORK PHONE _____

3. MAILING ADDRESS (STREET) _____

(TOWN) _____ (STATE) _____ (ZIP) _____

4. LEGAL RESIDENCE (STREET) _____

(TOWN) _____ (STATE) _____ (ZIP) _____

5. IF YOU ARE A NON-RESIDENT OF NEW HAMPSHIRE, FURNISH THE NAME AND ADDRESS OF A PERSON WHOSE DOMICILE IS IN THE STATE OF NEW HAMPSHIRE AND WHO IS AUTHORIZED TO RECEIVE AND ACCEPT SERVICES OF SUMMONSES AND LEGAL NOTICES OF ALL KINDS ON YOUR BEHALF.

NAME OF LEGAL REPRESENTATIVE _____

ADDRESS OF LEGAL REPRESENTATIVE _____

*CHECK HERE IF YOU ARE A NEW HAMPSHIRE RESIDENT: _____

6. NAME OF PROPERTIES WHERE
PESTICIDES ARE APPLIED

TOWN

CROP

ACRES

(PLEASE COMPLETE OTHER SIDE)

7. A) LIST THE NAMES AND ADDRESSES OF THE OWNERS, OFFICERS, OR TRUSTEES OF THE ENTITY APPLYING PESTICIDES, WHETHER OR NOT THE ENTITY IS INCORPORATED.

NAME

ADDRESS

- B) LIST THE NAMES AND ADDRESS OF THE PERSONS CHARGED WITH RESPONSIBILITY FOR THE APPLICATION OF PESTICIDES.

NAME

ADDRESS

8. IN ACCEPTING THIS PERMIT THE APPLICANT AGREES:

A) TO FOLLOW IMPLICITLY ALL INSTRUCTIONS OUTLINED ON THE MANUFACTURER'S CURRENT LABELING.

B) TO REPORT ALL PESTICIDES USED EACH YEAR TO THE DIVISION BGY DECEMBER 1ST. IF THE USAGE REPORT IS NOT ATTACHED, BUT IS BEING SUBMITTED BY SOMEONE OTHER THAN YOURSELF,

INDICATE THEIR NAME HERE_____

C) THAT FALSIFICATION OF ANY INFORMATION ON THIS APPLICATION MAY BE GROUNDS FOR *DENIAL* OF A PERMIT.

PRINT NAME_____

SIGNATURE OF APPLICANT_____

DATE_____

NOTE: NO PERMITS WILL BE ISSUED UNLESS SECTIONS 1-8 ARE FILLED OUT COMPLETELY AND A USAGE REPORT FORM HAS BEEN SUBMITTED.

REMEMBER: TO RENEW THIS PERMIT EACH AND EVERY YEAR.

TO ATTEND APPROPRIATE RECERTIFICATION SESSIONS.